

Editorial

The forensic psychiatrist is going to be called upon more and more in 1974 to render opinions and offer advice to communities, lawyers, and legislators. These days the law is taking a new look at itself and stepping on the bandwagon of human rights as "lawfulness" is coming into play. Such action is certainly long overdue when one considers that the law for years tolerated all sorts of deprivations of human rights and due process violations. Recently, in *Jackson v. Indiana*, the Supreme Court wondered why such abuses of due process had not been called to its attention before. Leading civil rights attorneys have spoken of the horrors that have occurred at "pro-forma" commitment hearings and the callous lack of consideration given to the mentally ill by legislatures and executives. As a result of this new revision of laws and new interpretation of due process, we are seeing a plethora of new laws, procedures, rules and regulations, which I call "lawfulness," as opposed to the "lawlessness" of the 60's.

As this lawfulness is developing, we in forensic psychiatry, find ourselves in the position of being advisors to those who will produce the final rules and regulations which will have a profound effect on the care of the mentally ill for years to come. This is a tremendous responsibility. We must weigh the results so that they do not come back to haunt us in the future.

I can foresee several serious pitfalls: The obvious has already happened in some places, i.e., our willingness to accept too much of the responsibility for the inhumane and inadequate treatment of the mentally ill. I am reminded of a sociologist friend when confronted by an irate civil-rights-oriented student in the early 60's answered, "Don't blame me, I didn't have any slaves." While some of us remained silent, many of us have spoken about the plight of the mentally ill for years. However, no one would listen. Today, some of us, far removed from the problems of the State Hospital, are all too ready to condemn our colleagues who have done their best with too little.

Another serious concern is that in our readiness to admit our limitations, we are once again allowing ourselves to be used as the "experts" on many subjects about which we are not really experts. Do we really know how well many schizophrenics will be able to get along in the community without adequate care? Do we even know how adequate the care is in the community? It is one thing to be "not dangerous" after ten years in the hospital. What about after five days, or even thirty days? Already we are hearing from some quarters that the lawmakers may have overreacted, and thrown the baby out with the bath water.

The Durham decision was promulgated upon the good advice of many leading forensic psychiatrists, yet it did not work, probably because other psychiatrists and lawyers couldn't produce what it required. Will *Lessard v. Schmidt*, *Jackson v. Indiana*, *Wyatt v. Stickney*, and *Smith v. Yudashkin* produce the same dilemma?

Let us be careful and think long and clearly about what we say which will produce changes of a long-lasting and serious nature. Laws don't necessarily change people, but we have recently seen a lot of people change laws. If these new laws don't work, will we become the scapegoat?

JONAS R. RAPPEPORT, M.D.